

**Department of Public Health and Social Services**  
**Division of Environmental Health**  
**Food Establishment Inspection Report**

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>0</u>	<u>9 / 22 / 2017</u>		<u>Perez ACRES mobi</u>	
Follow-up	<input type="checkbox"/>	<input type="checkbox"/>		TIME IN	TIME OUT	PERMIT HOLDER	
Complaint	<input type="checkbox"/>	<input type="checkbox"/>		<u>11-15 AM</u>	<u>1:10 PM</u>	<u>SEH Corporation</u>	
Investigation	<input type="checkbox"/>	<input type="checkbox"/>		SANITARY PERMIT NO.		LOCATION (Address)	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<u>A</u>	<u>170000619</u>		<u>Lot 7024 - 2 new - R3 - new - 1</u> <u>#465 N Marine Corps DR Yigo, Guam</u>	
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
<u>RETAIL</u>				<u>1</u>	<u>653-5271</u>	<u>0</u>	<u>2</u>
				No. of Repeat Risk Factor/Intervention Violations <u>0</u>			

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Supervision</b>						
1	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			6
<b>Employee Health</b>						
2	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Management awareness, policy present			6
3	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion			6
<b>Good Hygienic Practices</b>						
4	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Proper eating, tasting, drinking, betelnut, or tobacco use			6
5	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	No discharge from eyes, nose, and mouth			6
<b>Preventing Contamination by Hands</b>						
6	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Hands clean and properly washed			6
7	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			6
8	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			6
<b>Approved Source</b>						
9	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Food obtained from approved source			6
10	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Food received at proper temperature			6
11	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Food in good condition, safe, and unadulterated			6
12	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Required records available: shellstock tags, parasite destruction			6
<b>Protection from Contamination</b>						
13	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Food separated and protected			6
14	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Food contact surfaces: cleaned & sanitized			6
15	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food			6
<b>Potentially Hazardous Food (TCS Food)</b>						
16	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Proper cooking time and temperatures			6
17	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Proper reheating procedures for hot holding			6
18	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Proper cooling time and temperatures			6
19	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Proper hot holding temperatures			6
20	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Proper cold holding temperatures			6
21	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Proper date marking and disposition			6
<b>Consumer Advisory</b>						
22	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Consumer Advisory provided for raw or undercooked foods			6
<b>Highly Susceptible Populations</b>						
23	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Pasteurized foods used; prohibited foods not offered			6
<b>Chemical</b>						
24	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Food additives: approved and properly used			6
25	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Toxic substances properly identified, stored, used			6
<b>Conformance with Approved Procedures</b>						
26	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Compliance with variance, specialized process, and HACCP plan			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box; if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Safe Food and Water</b>						
27	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required			1
28	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			2
29	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods			1
<b>Food Temperature Control</b>						
30	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control			1
31	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding			1
32	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used			1
33	<input type="checkbox"/>	<input type="checkbox"/>	Thermometer provided and accurate			1
<b>Food Identification</b>						
34	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container			1
<b>Prevention of Food Contamination</b>						
35	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present			2
36	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display			1
37	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness			1
38	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored			1
39	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables			1
<b>Proper Use of Utensils</b>						
40	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored			1
41	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled			1
42	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored, used			1
43	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly			1
<b>Utensils, Equipment and Vending</b>						
44	<input type="checkbox"/>	<input type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips			1
46	<input type="checkbox"/>	<input type="checkbox"/>	Nonfood-contact surfaces clean			1
<b>Physical Facilities</b>						
47	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available, adequate pressure			2
48	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices			2
49	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and wastewater properly disposed			2
50	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & cleaned			2
51	<input type="checkbox"/>	<input type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained			2
52	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean			1
53	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas use			1
<b>Documents and Placards</b>						
54	<input type="checkbox"/>	<input type="checkbox"/>	Sanitary Permit, Health Certificates valid and posted			2

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign)

DEH Inspector (Print and Sign)

Date: 09/22/17

Follow-up (Circle one): YES ☒ NO ☐

Follow-up Date



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## TEMPERATURE OBSERVATIONS

**Yellow: Food Establishment**